

## OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

**Lead Administrator:** Terry Cline, Ph.D.  
**Secretary of Health and Human Services and Commissioner of Health**

FY'16 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Public Health Infrastructure	\$2,745,542	\$8,784,348	\$4,862,048			\$16,391,938
Prevention and Preparedness	\$10,406,153	\$48,245,349	\$4,229,030			\$62,880,532
Community and Family Health	\$34,914,836	\$140,271,747	\$4,572,457	\$33,269,438		\$213,028,478
Protective Health	\$4,783,653	\$15,554,289	\$39,830,148			\$60,168,090
Health Improvement	\$7,582,292	\$6,519,909	\$10,184,440			\$24,286,641
Athletic Commission	\$200,000	\$0	\$238,872			\$438,872
Information Technology	\$0	\$0	\$8,869,437			\$8,869,437
<b>Total</b>	<b>\$60,632,476</b>	<b>\$219,375,642</b>	<b>\$72,786,432</b>	<b>\$33,269,438</b>	<b>\$0</b>	<b>\$386,063,988</b>

\*Source of "Other" and % of "Other" total for each.

FY'15 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
None for SFY 2015						\$0
FY'15 Carryover						

\*Source of "Other" and % of "Other" total for each.

What Changes did the Agency Make between FY'15 and FY'16?						
1.) Are there any services no longer provided because of budget cuts?						
The Department received no budget cuts for SFY 2016.						
2.) What services are provided at a higher cost to the user?						
None						
3.) What services are still provided but with a slower response rate?						
None						
4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.						
No pay raises were provided between SFY 2015 and SFY 2016.						

FY'17 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Public Health Infrastructure	\$2,745,542	\$8,784,348	\$4,862,048		\$16,391,938	0.00%
Prevention and Preparedness	\$17,971,609	\$48,245,349	\$4,229,030		\$70,445,988	12.03%
Community and Family Health	\$34,914,836	\$140,271,747	\$37,841,895		\$213,028,478	0.00%
Protective Health	\$4,783,653	\$15,554,289	\$39,830,148		\$60,168,090	0.00%
Health Improvement	\$7,582,292	\$6,519,909	\$10,184,440		\$24,286,641	0.00%
Athletic Commission	\$200,000	\$0	\$238,872		\$438,872	0.00%
Information Technology	\$0	\$0	\$8,869,437		\$8,869,437	0.00%
<b>Total</b>	<b>\$68,197,932</b>	<b>\$219,375,642</b>	<b>\$106,055,870</b>	<b>\$0</b>	<b>\$393,629,444</b>	<b>1.96%</b>

\*Source of "Other" and % of "Other" total for each.

FY'17 Top Five Appropriation Funding Requests						
					\$ Amount	
Request 1: Public Health Laboratory						\$6,009,070
Request 2: Immunization Vaccine						\$1,556,386
Request 3: Description						
Request 4: Description						
Request 5: Description						
<b>Total Increase above FY-17 Request</b>						<b>7,565,456</b>

How would the agency handle a 5% appropriation reduction in FY'17?						
\$ Amount	Description					
\$10,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17					
\$500,000	Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within the Oklahoma Blood Institute. The SFY-17 RFP will require the implementation of the Enhanced Strategic Plan for the operation of the Umbilical Cord Blood Bank of Oklahoma.					
\$2,521,624	FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC Uncompensated Care Fund (UCF) and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. For SFY16, OSDH is in contract with 15 FQHCs (representing 67 sites), in which 3 FQHCs have submitted and were eligible for reimbursement from the UCF. In the first three months of SFY16, the UCF reimbursed these FQHCs for 3,624 uninsured encounters, and it is projected that by the end of the fiscal year the total uninsured encounters reimbursed will be 14,502. According to the most recent Uniform Data System (UDS) report, the 3 FQHCs that regularly claim to the UCF provided services to 33,205 uninsured patients in 2014.					
<b>\$3,031,624</b>	<b>Total Reduction of Expenditures</b>					

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<b>How would the agency handle a 7.5% appropriation reduction in FY'17?</b>	
<b>\$ Amount</b>	<b>Description</b>
\$15,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17 and impact attendance by Board Commissioners to national conferences.
\$500,000	Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within Oklahoma Blood Institute. The SFY-17 RFP will require the implementation of the Enhanced Strategic Plan for the operation of the Umbilical Cord Blood Bank of Oklahoma.
\$1,479,959	Community Based Child Abuse Prevention: A 50% cut would impact 369 families that would not be served and approximately 26 positions within community non-profit organizations would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served.
\$2,552,477	FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC UFC and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. For SFY16, OSDH is in contract with 15 FQHCs (representing 67 sites), in which 3 FQHCs have submitted and were eligible for reimbursement from the UCF. In the first three months of SFY16, the UCF reimbursed these FQHCs for 3,624 uninsured encounters, and it is projected that by the end of the fiscal year the total uninsured encounters reimbursed will be 14,502. According to the most recent Uniform Data System (UDS) report, the 3 FQHCs that regularly claim to the UCF provided services to 33,205 uninsured patients in 2014.
<b>\$4,547,436</b>	<b>Total Reduction of Expenditures</b>

<b>How would the agency handle a 10% appropriation reduction in FY'17?</b>	
<b>\$ Amount</b>	<b>Description</b>
\$20,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17; impact attendance by Board Commissioners to national conferences and reduce the number of inspectors employed to ensure compliance with Athletic Commission regulated events.
\$500,000	Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within the Oklahoma Blood Institute. The SFY-17 RFP will require the implementation of the Enhanced Strategic Plan for the operation of the Umbilical Cord Blood Bank of Oklahoma.
\$2,896,014	Community Based Child Abuse Prevention: This would impact approximately 749 families that would not be served and approximately 52 positions within community non-profit organizations would no longer be funded. This would impact all 13 regional contractors.
\$2,552,477	FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC Uncompensated Care Fund and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. For SFY16, OSDH is in contract with 15 FQHCs (representing 67 sites), in which thus far 3 FQHCs have submitted and were eligible for reimbursement from the Uncompensated Care Fund (UCF). In the first three months of SFY16, the UCF reimbursed these FQHCs for 3,624 uninsured encounters, and it is projected that by the end of the fiscal year the total uninsured encounters reimbursed will be 14,502. According to the most recent Uniform Data System (UDS) report, the 3 FQHCs that regularly claim to the UCF provided services to 33,205 uninsured patients in 2014.
\$94,757	OSDH Infrastructure will be impacted with the elimination of one management level vacant position which requires the permanent redistribution of responsibilities to existing FTE. The reduction is based on actual salary and estimate benefit cost to refill the position.
<b>\$6,063,248</b>	<b>Total Reduction of Expenditures</b>

<b>Is the agency seeking any fee increases for FY'16?</b>	
	<b>\$ Amount</b>
None for SFY 2017	
Increase 1 N/A	\$0
Increase 2 N/A	\$0
Increase 3 N/A	\$0

<b>What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?</b>	
The Department is requesting funding from a bond issuance to construct a new Public Health Laboratory (PHL) and additional state appropriations to make annual debt payments.	

<b>Federal Government Impact</b>	
<b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b>	
The Department receives approximately 56% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support state mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs.	
<b>2.) Are any of those funds inadequate to pay for the federal mandate?</b>	

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As mentioned above, a considerable portion of federal monies received by the Department are utilized to support state level mandates.

### 3.) What would the consequences be of ending all of the federal funded programs for your agency?

Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact the entire citizenry. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the Department due to necessary reductions in personnel and elimination of contractual services currently provided. At present, approximately 50% of the Department staff are funded on federal funding sources.

### 4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

The Department is unaware of any federal budget cuts that will result in reductions to federal revenue in the coming fiscal year.

### 5.) Has the agency requested any additional federal earmarks or increases?

The Department has not requested any federal earmarks. However, approximately, 56% of the Department's funding is awarded through approximately 75 separate federal revenue streams. The level of funding for each program is tied directly to the federal funding available as well as the federal guidance documents. The Department continues efforts to identify all available funding opportunities that align with core public health functions, the Department's business plan and the Oklahoma Health Improvement Plan.

### Division and Program Descriptions

#### Public Health Imperatives

Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm

#### Priority Public Health - Improvement of Health Outcomes

Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma

#### Prevention Services and Wellness Promotion

These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness

#### Access to Competent Personal, Consumer and Healthcare Services

These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable

#### Science and Research

Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation

#### Public Health Infrastructure

The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence

### FY'17 Budgeted FTE

	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Public Health Infrastructure	37	120	45.6	59.6	86	20
Prevention and Preparedness	54	126	118.25	44.25	166	34
Community and Family Health	293.7	1179.3	276	544.7	823.6	87
Protective Health	78	235	55.75	56	203.75	31
Health Improvement	42	56	99.19	52.66	78.53	24
<b>Total</b>	<b>504.7</b>	<b>1716.3</b>	<b>594.79</b>	<b>757.21</b>	<b>1357.88</b>	<b>196</b>

### FTE History

	2016 Budgeted	2015	2012	2009	2005
Support Services				315	249
Public Health Infrastructure	166	164	158		
Disease and Prevention				217	206
Prevention and Preparedness	244	202	217		
Family Health				221	218
Community Health				1239	1250
Community and Family Health	1455	1353	1322		
Protective Health	291	272	227	227	224
Health Improvement	155	95	84		
<b>Total</b>	<b>2311</b>	<b>2086</b>	<b>2008</b>	<b>2218</b>	<b>2146</b>

SFY-15 FTE number represents filled positions at the beginning of the state fiscal year. Due to a change in budgeting process, SFY-16 FTE number represents both filled positions and funded vacancies. The OSDH currently has 190.33 vacant FTE.

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Performance Measure Review					
	FY'15	FY'14	FY'13	FY'12	FY'11
All Hazards Preparedness					
Improve state score on National Health Security	<b>7.6%</b>	<b>8.3%</b>	<b>7.3%</b>	N/A	N/A
<b>Improve Infectious Disease Control</b>					
Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000	<b>5.60%</b>	<b>6.86%</b>	<b>8.80%</b>	<b>6.80%</b>	<b>4.60%</b>
Incidence of Reported Acute Hepatitis B Cases per 100,000 Oklahoma Population	<b>1.98%</b>	<b>1.47%</b>	<b>1.03%</b>	<b>2.1%</b>	<b>2.70%</b>
Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes.	<b>100%</b>	<b>95%</b>	<b>98%</b>	<b>95%</b>	<b>92%</b>
<b>Improve Mandates Compliance</b>					
Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs)	<b>100.0%</b>	<b>93.0%</b>	<b>86.0%</b>	<b>92.3%</b>	<b>69.0%</b>
Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	<b>95.0%</b>	<b>91.0%</b>	<b>80.0%</b>	<b>23.1%</b>	<b>23.0%</b>
Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	<b>100.0%</b>	<b>88.0%</b>	<b>86.0%</b>	<b>86.0%</b>	<b>68.2%</b>
Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>60.0%</b>
<b>Improve Children's Health</b>					
Percent of Pregnant Women Receiving Adequate Prenatal Care as Define by Kotelchuck's APNCU Index	<b>73.0%</b>	<b>72.0%</b>	<b>71.6%</b>	<b>70.0%</b>	<b>66.3%</b>
Rate of Infant Deaths per 1,000 Live Births	<b>6.8%</b>	<b>8.1%</b>	<b>6.8%</b>	<b>7.5%</b>	<b>7.4%</b>
Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester	<b>68.5%</b>	<b>68.6%</b>	<b>68.5%</b>	<b>68.4%</b>	<b>66.3%</b>
Rate of Pre-Term Births	<b>12.4%</b>	<b>12.6%</b>	<b>12.8%</b>	<b>13.0%</b>	<b>13.2%</b>
<b>Improve Disease and Injury Prevention</b>					
Percent of children 19-35 months old immunized with 4:3:1:3:3:1	<b>64.8%</b>	<b>70.8%</b>	<b>62.7%</b>	<b>61.0%</b>	<b>77.3%</b>
Decrease the Number of Preventable Hospitalizations for Medicare Enrollee's (per 1,000)	<b>76.9</b>	<b>78.3</b>	<b>76.9</b>	<b>81.0</b>	<b>81.8</b>
Number of motor vehicle deaths in infants less than one year of age.	<b>88</b>	<b>97</b>	<b>97</b>	<b>104</b>	<b>116</b>
<b>Improve Oklahomans' Wellness</b>					
Percent of Oklahoma adults who are obese	<b>32.7%</b>	<b>33.0%</b>	<b>32.5%</b>	<b>32.2%</b>	<b>31.1%</b>
Percent of Oklahoma adults who smoke	<b>21.0%</b>	<b>21.1%</b>	<b>23.7%</b>	<b>23.3%</b>	<b>26.1%</b>
Cardiovascular deaths per 100,000	<b>259.3</b>	<b>288.5</b>	<b>290.4</b>	<b>284.0</b>	<b>293.9</b>
Number of Certified Health Communities	<b>92</b>	<b>77</b>	<b>72</b>	<b>52</b>	<b>43</b>
Number of Certified Health Schools	<b>545</b>	<b>595</b>	<b>523</b>	<b>314</b>	<b>155</b>
<b>Improve Infrastructure, Policy, and Resource</b>					
Number of PHAB Accredited Health Departments	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>
Percent of turnover agency-wide	<b>14.8%</b>	<b>11.7%</b>	<b>13.1%</b>	<b>12.9%</b>	N/A
<b>Revolving Funds (200 Series Funds)</b>					
	FY'13-15 Avg. Revenues	FY'13-15 Avg. Expenditures	June '15 Balance		
Kidney Health Revolving Fund 202 for Duties	\$ -	\$ -	\$ 575,108		
Genetic Counseling License Revolving Fund 203 for Duties	\$ 3,266.67	\$ 355.05	\$ 18,263		
Tobacco Prevention and Cessation Revolving Fund 204 for Duties	\$ 1,288,776.57	\$ 1,255,384.48	\$ 1,151,829		
Alternatives to Abortion Services Revolving Fund 207 for Duties	\$ -	\$ 5,586.15	\$ 37,952		
Public Health Special Revolving Fund 210 for Duties - Available balance necessary to process local payroll for county health department services across the state.	\$ 57,075,631.87	\$ 55,291,399.92	\$ 6,506,991		
Nursing Facility Administrative Penalties Fund 211 for Duties	\$ 33,585.06	\$ -	\$ 312,947		
Home Health Care Revolving Fund 212 for Duties	\$ 245,351.75	\$ 131,340.49	\$ 668,605		
National Background Check Fund 216 for Duties	\$ 434,995.00	\$ -	\$ 1,304,985		
Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433	\$ 1,126,084.47	\$ 305,773.44	\$ 8,456,692		
Oklahoma Organ Donor Education Revolving Fund 222 for Duties	\$ 147,013.21	\$ 158,708.95	\$ 338,480		
Breast Cancer Act Revolving Fund 225 for Duties	\$ 23,201.97	\$ 42,402.17	\$ 95,024		
Sports Eye Safety Program Revolving Fund 226 for Duties	\$ 1,024.00	\$ -	\$ 3,072		

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Oklahoma Leukemia and Lymphoma Revolving Fund 228 for Duties	\$ 5,156.33	\$ 2,338.09	\$64,016
Multiple Sclerosis Society Revolving Fund 229 for Duties	\$ 3,746.67	\$ 6,600.38	\$3,651
Oklahoma Pre Birth Def, Pre Birth & Revolving Fund 233 for Duties	\$ 300.00	\$ 50.00	\$1,930
Oklahoma Lupus Revolving Fund 235 for Duties	\$ 3,165.67	\$ 233.67	\$8,796
Trauma Care Assistance Revolving Fund 236 for Duties	\$ 24,997,372.52	\$ 28,905,556.68	\$173,064
Pancreatic Cancer Research License Plate Revolving Fund 242 for Duties	\$ 2,180.00	\$ 98.00	\$9,146
Regional Guidance Centers Revolving Fund 250 for Duties	\$ 37.24	\$ 2,648.83	\$12
Child Abuse Prevention Revolving Fund 265 for Duties	\$ 52,612.34	\$ 75,902.66	\$84,152
EMP Death Benefit Revolving Fund 267 for Duties	\$ 13,893.83	\$ 1,666.67	\$140,667
Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund 268 for Duties	\$ 1,445,301.22	\$ 1,736,747.06	\$1,725,456
Dental Loan Repayment Revolving Fund 284 for Duties	\$ 481,245.18	\$ 409,334.83	\$301,058
Oklahoma Insurance Disaster and Emergency Medicine Revolving Fund 285 for Duties	\$ 1,333,333.33	\$ 1,388,335.68	\$1,657
Children's Hospital - Oklahoma Kids Association Revolving Fund 290 for Duties	\$ -	\$ -	\$860
Oklahoma State Athletics Commission Revolving Fund 295 for Duties	\$ 230,514.31	\$ 205,201.35	\$245,088